



Lowell Police Department  
Police Activities League (PAL)  
Boxing Program Application 2021  
Please Print

1. Name: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Telephone #: (H) \_\_\_\_\_ (C) \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_
6. Shirt Size: \_\_\_\_\_

**(Free of Charge)**

**Location:** West End Gym

Lot entrance located at Newhall & Crosby Streets

**Youth eligibility:**

Lowell Resident

10 – 18 years old

The mission of the Lowell Police Department PAL is to promote positive relationships between law enforcement officers and youth in the community through educational programs and recreational activities.

For any questions regarding the PAL program, please email [pal@lowellma.gov](mailto:pal@lowellma.gov).

Please complete the entire form and answer all questions

Medical Information  
Police Activities League

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Participant's health condition is: Excellent\_\_\_ Good\_\_\_ Fair \_\_\_ Poor \_\_\_

Does your child take any medications? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please list: \_\_\_\_\_

Does your child have any physical restrictions? Yes\_\_\_\_\_No\_\_\_\_\_

If yes, please list: \_\_\_\_\_

EXPLAIN ANY AND ALL HEALTH CONDITIONS (EXAMPLE: ASTHMA, ALLERGIES, etc.) LIST BELOW:

1. \_\_\_\_\_

2. \_\_\_\_\_

**Photo Release:** I hereby consent to and authorize the use of photographs for use on Lowell Police websites and social media platforms.

Parent or legal guardian signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This program is partially funded through the Shannon Community Safety Initiative through the Executive Office of Public Safety and Security. The following is information required by the funding source. Any and all information requested below is for grant purposes only.

Ethnicity (check all that apply):

- ☐ White/Anglo, non-Hispanic   ☐ Hispanic/Latino   ☐ Asian/Pacific Islander  
☐ Black/African American   ☐ American Indian   ☐ Multiracial  
☐ Other: \_\_\_\_\_

Neighborhood participant lives in. Please check one

- ☐ Back Central   ☐ Belvidere   ☐ Centralville   ☐ Downtown   ☐ Highlands  
☐ Lower Belvidere   ☐ Lower Highlands   ☐ Pawtucketville   ☐ Sacred Heart  
☐ South Lowell   ☐ Other: \_\_\_\_\_

Single Parent Household Yes: \_\_\_\_\_ No: \_\_\_\_\_

Receive Public Assistance Yes: \_\_\_\_\_ No: \_\_\_\_\_

Achievement in School: ☐ High level                      ☐ Middle ground                      ☐ Low

Feelings about school: ☐ Love it                      ☐ Middle ground                      ☐ Hate it

Truancy:

- ☐ Less than 3 absences per semester without reason  
☐ More than 3, but less than 8 absences per semester without reason  
☐ More than 8 absences per semester without reason

Learning Disability: Yes \_\_\_\_\_ No: \_\_\_\_\_

My child's friends get into trouble:

- ☐ None of the time                      ☐ Sometimes                      ☐ A lot of times

My child has trouble making friends (not fitting in, fights, no friends)

- ☐ No trouble                      ☐ Some trouble                      ☐ A lot of trouble

My child's friends are:

- ☐ Mostly a positive influence                      ☐ A few are positive                      ☐ None are positive